



## Transfer of Establishment - Form IV (REAL ESTATE)

**Complete all sections.** Submit two copies of Form IV. Use this form when transferring any real estate that meets the definition of an Establishment, as defined in CGS Section 22a-134(3). This form can also be used when transferring both real estate and business **simultaneously** from "A" to "B." This form is appropriate when there has been an investigation in accordance with prevailing standards and guidelines of the parcel and all actions to remediate any pollution caused by any release at the parcel have been taken in accordance with the remediation standards except post-remediation monitoring, natural attenuation monitoring, or the recording of an Environmental Land Use Restriction. **AN ENVIRONMENTAL CONDITION ASSESSMENT FORM (ECAf) MUST BE SUBMITTED SIMULTANEOUSLY WITH FORM IV.**

### Section A: General Establishment Information

1. EPA (RCRA) ID No.: CT

2. **Type of Transfer** (be specific):

3. **Identification of Establishment** (give name of business which exists/existed on-site)

Establishment Name:

Location:

City/Town:

State: CT

Zip Code: -

Phone: - -

ext.

Fax: - -

Contact Person:

Title:

**Date of Transfer:** / /20

**From Transferor:**

**To Transferee:**

4. **Transferor**

Name:

Legal Mailing Address:

City/Town:

State:

Zip Code: -

Phone: - -

ext.

Fax: - -

Contact Person:

Title:

5. **Property Owner** (as it appears in land records):

Name:

Legal Mailing Address:

City/Town:

State:

Zip Code: -

Phone: - -

ext.

Fax: - -

Contact Person:

Title:

6. **A map of the property location must be submitted with this form.**

## Section B: Documentation of Remediation

**Documentation:** A Commissioner's approval or a licensed environmental professional verification must be submitted with this form. In addition, documentation that demonstrates that there has been no release of hazardous waste or a hazardous substance at the parcel since the date of the approval or verification must be attached.

### CHECK ONE THAT APPLIES.

- ☐ DEP written approval that the investigation of the parcel had been performed in accordance with prevailing standards and guidelines and (A) there has been a discharge, spillage, uncontrolled loss, seepage or filtration of hazardous waste or a hazardous substance at the parcel, and (B) all actions to remediate any pollution caused by any release at the parcel have been taken in accordance with the Remediation Standard Regulations except post-remediation monitoring, natural attenuation monitoring, or the recording of an Environmental Land Use Restriction pursuant to the remediation standards.

(DEP Project Lead Name)

(Division)

(Phone Number)

- ☐ An LEP has verified that an investigation has been performed at the parcel in accordance with prevailing standards and guidelines and that all actions to remediate any pollution caused by any release at the parcel have been taken in accordance with the Remediation Standard Regulations, Section 22a-133k-1 through Section 22a-133k-3 of the Regulations of Connecticut State Agencies, *except* post-remediation monitoring, natural attenuation monitoring, or the recording of an Environmental Land Use Restriction pursuant to the remediation standards.

## Section C: Post-remediation Monitoring or Natural Attenuation Monitoring Certification

Description in Property Deed:

Recorded on page \_\_\_\_\_ of volume \_\_\_\_\_, of the Town of \_\_\_\_\_  
land records, as lot \_\_\_\_\_, block \_\_\_\_\_ on map \_\_\_\_\_ in the Tax Assessor's Office.

"I hereby certify that an investigation has been performed in accordance with prevailing standards and guidelines, and any discharge, spillage, uncontrolled loss, seepage, or filtration of hazardous waste or hazardous substance on the parcel has been remediated in accordance with procedures approved by the Commissioner of Environmental Protection or verified by a Licensed Environmental Professional to have been performed in accordance with the remediation standards. I further certify that all actions to remediate any pollution caused by any release at the parcel have been taken in accordance with the remediation standards except post-remediation monitoring, natural attenuation monitoring or the recording of an environmental land use restriction. I hereby agree, in accordance with the representations made therein, to conduct post-remediation monitoring or natural attenuation monitoring in accordance with the Remediation Standard Regulations."

"I have personally examined and am familiar with the information submitted in this document, and all attachments thereto, including inquiry of those individuals immediately responsible for obtaining such information, and certify that the submitted information is true, accurate and complete, to the best of my knowledge and belief. I am aware that if I knowingly submit false information or fail to comply with the provisions of CGS Sections 22a-134 to 22a-134e, I may be subject to damages and penalties pursuant to CGS Sections 22a-134(b and d) and an enforcement action pursuant to CGS Section 22a-134a(j)."

"This Form IV is complete and accurate as prescribed by the Commissioner without alteration of the text."

***This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of a LLC, as applicable.***

\_\_\_\_\_  
*Authorized Signature(s) for Certifying Party*

Name of Person Signing (print or type)

Title (if applicable)

Certifying Party:

*(Company name, LLC, as applicable)*

Legal Mailing Address:

City/Town:

State:

Zip Code:

-

Phone:

- -

ext.

Fax:

- -

STATE OF

}

SS.

COUNTY OF

}

*(Town)*

The foregoing was subscribed to and sworn to before me this

day of

, 20

,

by

*(Name of Signatory, Title and Company, if applicable)*

who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as certifying party, executed the foregoing instrument for the purposes therein contained.

\_\_\_\_\_  
*Signature of Notary/Commissioner of Superior Court*

Name of Notary/Commissioner of Superior Court  
(print or type)

My commission expires / / .

## Section D: Remediation Certification

"I hereby certify, if further investigation and remediation are necessary, to take further action to investigate the parcel in accordance with prevailing standards and guidelines and to remediate the parcel in accordance with the remediation standards."

"I have personally examined and am familiar with the information submitted in this document, and all attachments thereto, including inquiry of those individuals immediately responsible for obtaining such information, and certify that the submitted information is true, accurate and complete, to the best of my knowledge and belief. I am aware that if I knowingly submit false information or fail to comply with the provisions of CGS Sections 22a-134 to 22a-134e, I may be subject to damages and penalties pursuant to CGS Sections 22a-134(b and d) and an enforcement action pursuant to CGS Section 22a-134a(j)."

"This Form IV is complete and accurate as prescribed by the Commissioner without alteration of the text."

***This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of a LLC, as applicable.***

\_\_\_\_\_  
*Authorized Signature(s) for Certifying Party*

Name of Person Signing (print or type)

Title (if applicable)

Certifying Party:

*(Company name, LLC, as applicable)*

Legal Mailing Address:

City/Town:

State:

Zip Code:

-

Phone: - -

ext.

Fax: - -

STATE OF

}

}

SS.

COUNTY OF

}

*(Town)*

The foregoing was subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

*(Name of Signatory, Title and Company, if applicable)*

who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as certifying party, executed the foregoing instrument for the purposes therein contained.

\_\_\_\_\_  
*Signature of Notary/Commissioner of Superior Court*

Name of Notary/Commissioner of Superior Court  
(print or type)

My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**Section E: Transferee Information** (This pertains to transferee, must be completed, signed and notarized)

This document was received by me on        /        /        as the Transferee.

***This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of a LLC, as applicable.***

\_\_\_\_\_  
*Authorized Signature(s) for Transferee*

Name of Person Signing (print or type)

Title (if applicable)

Transferee:

*(Company name, LLC, as applicable)*

Legal Mailing Address:

City/Town:

State:

Zip Code:

-

Phone:

- -

ext.

Fax:

- -

STATE OF

}

}

SS.

COUNTY OF

}

*(Town)*

The foregoing was subscribed to and sworn to before me this        day of        , 20        ,

by

*(Name of Authorized Signatory for Transferee, Title and Company, if applicable)*

who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as Transferee, executed the foregoing instrument for the purposes therein contained.

\_\_\_\_\_  
*Signature of Notary/Commissioner of Superior Court*

Name of Notary/Commissioner of Superior Court  
(print or type)

My commission expires        /        /        .

**Section F: Transferor Information** (This pertains to transferor, must be completed, signed and notarized)

***This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of a LLC, as applicable, and must be completed regardless of whether the Transferor is also the certifying party.***

\_\_\_\_\_  
*Authorized Signature(s) for Transferor*

Name of Person Signing (print or type)

Title (if applicable)

Transferor:

*(Company name, LLC, as applicable)*

Legal Mailing Address:

City/Town:

State:

Zip Code:

-

Phone:

- -

ext.

Fax:

- -

**Forwarding Address After the Transfer, if different from above:**

Address:

City/Town:

State:

Zip Code:

-

Phone:

- -

ext.

Fax:

- -

STATE OF

}

}

SS.

COUNTY OF

}

(Town)

The foregoing was subscribed to and sworn to before me this

day of

, 20

,

by

*(Name of Authorized Signatory for Transferor, Title and Company, if applicable)*

who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as Transferor, executed the foregoing instrument for the purposes therein contained.

\_\_\_\_\_  
*Signature of Notary/Commissioner of Superior Court*

Name of Notary/Commissioner of Superior Court  
(print or type)

My commission expires / / .

This form is prescribed and provided by the DEP.

The DEP does not certify that the information submitted in this form is correct.

All Forms I (with ECAF), II, III (with ECAF), or IV (with ECAF), any supporting documents as applicable, and fee payment should be mailed or hand delivered to: *(this is for fee processing)*

**CENTRAL PERMIT PROCESSING UNIT, 1<sup>st</sup> FLOOR**  
DEPT. OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

**All subsequent correspondence or subsequent reports should be mailed to:**

REMEDIATION DIVISION  
BUREAU OF WATER PROTECTION AND LAND REUSE,  
2<sup>nd</sup> FLOOR  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127